

Amendment No. 1 to SB3047

**Ford
Signature of Sponsor**

AMEND Senate Bill No. 3047*

House Bill No. 3026

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

by deleting all language after the enacting clause and by substituting instead the following:

SECTION 1. Tennessee Code Annotated 68-1-121, is amended by deleting the section in its entirety and substituting the following:

Section 68-1-121.

(a) The commissioner of health is empowered to promulgate public necessity rules and regulations pursuant to a waiver of the foreign residence requirement with respect to an alien who agrees to practice medicine in a federally-designated underserved area of the state of Tennessee in accordance with the requirements of the Immigration and Nationality Technical Corrections Act of 1994 (Pub. L. 103-416) as amended.

(b)(1) Primary care physicians, including primary care physicians who have subspecialty training, shall be placed in health care practice sites which are located in counties containing federally designated health professional shortage areas (HPSAs) and/or medically underserved areas (MUAs), either of which must also be located within the top thirty (30) state designated health resource shortage areas (HRSAs) for TennCare, primary care, obstetrics or pediatrics.

(2) No more than thirty percent (30%) of the slots permitted by federal law shall be allocated to physician specialists between October 1 and June 30 of each federal fiscal year. To be considered, physician specialists shall be affiliated with a hospital that meets one (1) of the following criteria: within the twenty (20) non-psychiatric hospitals with the highest percentage of total adjusted patient days for TennCare patients, a rural referral center hospital, a sole community hospital, a Medicare dependent hospital, or a rural hospital meeting the guidelines for placement of a primary care physician. Applications

for a physician specialist will be accepted from critical access hospitals after March 31. Physician specialists shall agree to practice their specialty with the affiliated hospital for a minimum of forty (40) hours per week and for a minimum of three (3) years. Physician specialists delineated in rules and regulations, as well as general surgeons, may be placed at any eligible hospital.

(c) Additionally, no more than one-third (1/3) of the specialty physicians granted slots between October 1 and June 30 of each year may serve in urban HPSAs. A hospital that has received a physician specialist slot between October 1 and March 31, may only have its application for a second specialist accepted if additional slots permitted by federal law are available and the thirty percent (30%) of specialty slots have not been committed by April 1. If the full complement of slots permitted by federal law has not been committed by June 30, the percentage limitations on the number of slots allocated to specialty physicians and on the placement of specialty physicians, set forth above, shall no longer be applicable. After June 30, specialist slots shall be opened to all eligible hospitals, urban and rural, for the final quarter of the year. During the final quarter, priority for the specialist slots is given to specialists but primary care provider applications will be accepted if specialist slots are available and no other specialist provider application has been received and deemed eligible.

SECTION 2. This act shall take effect upon becoming law, the public welfare requiring it.